Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

INITIAL / FINAL

OMB No. 1545-1693

General information	<u> </u>			4945	HBL.	
Name of organization OMMITTEE To	DELECT M	1ANN V	DORIA F	OR STA	Employe	r identification number
Mailing address (P.O. Box or num 7603 GOODE	nber, street, and room		- 4	2065.		IRS - OSC / S
City or town, state, and ZIP code	CA	9713				JUL 27 2000
E-mail address of organization	,				.~)GDEN HITO
Name of custodian of records			i's address			<u> </u>
LEONIDA T. DOF	116 8 00		603 600	DE	STREET	
	-14 , CPA-	5	AN DIE	GD.	CA	92136
Name of contact person		5b Contact p	erson's address	,	660 44	
MANHY DORIA	·	_	e03 -60		JIKEE	7
1 70/2/13			AN DIEG		CA	92134
Business address of organization	(if different from mailing	g address sho	wn above). Number,	street, and	froom or suit	e number
City or town, state, and ZIP code						· · · · · · · · · · · · · · · · · · ·
art II Purpose				···		
Describe the purpose of the organ	nization					·
COMMITTEE FORME	D TO ELEC	I MAHI	44 DORIA	FOR	STATE	ASSEMBLU
ELECTION HELD	m 1.5		7	· • • • • • • • • • • • • • • • • • • •		
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art III List of All Related I						
Name of related entity	8b Relationship	- 8	c Address			
NOHE	rl/A	-	NA			
	1 1/3					
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Paperwork Reduction Act Notice.			Cat No. 20405V			Form 9971 (7 0000)

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